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On Behalf Of:	
Committee:	Senate Committee On Health Care
Measure, Appointment or Topic:	HB3824

I strongly support the proposal to expand the scope of practice for licensed physical therapists (PTs) to include the authority to order diagnostic imaging, prescribe durable medical equipment (DME), perform dry needling, and receive term protection for the use of the title "Doctor of Physical Therapy" (DPT). This proposal aligns with contemporary clinical training, enhances patient care, and increases the efficiency of the healthcare system.

Diagnostic Imaging: PTs receive rigorous education in anatomy, biomechanics, and clinical decision-making, including the appropriate use and interpretation of diagnostic imaging. Allowing PTs to order imaging when clinically necessary reduces delays in diagnosis and care, particularly in direct access settings. Numerous studies have shown that PTs can make imaging decisions consistent with or even more appropriate than other healthcare providers, reducing unnecessary imaging and healthcare costs.

Durable Medical Equipment (DME): PTs are uniquely qualified to assess and prescribe DME based on their expertise in movement and functional mobility. Enabling PTs to prescribe DME such as orthotics, braces, and mobility aids ensures timely and appropriate interventions, minimizes administrative burden on other providers, and directly supports patient rehabilitation and independence.

Dry Needling: Dry needling is a safe and effective technique supported by evidencebased practice and is within the educational competencies of many licensed PTs. Allowing PTs to use this modality expands their therapeutic toolkit for pain management and neuromuscular rehabilitation, providing patients with nonpharmacologic options that can enhance outcomes and reduce reliance on opioids.

Term Protection for DPT: The title "Doctor of Physical Therapy" reflects the rigorous clinical doctorate-level education PTs receive. Term protection ensures clarity for patients and respect for the professional status and training of PTs.

In conclusion, this proposal supports a modern, evidence-based model of physical therapy practice that prioritizes access, quality, and cost-effectiveness. Granting PTs these expanded authorities enhances interdisciplinary collaboration, supports patient-centered care, and reflects the competencies PTs have already demonstrated in their clinical education and practice.

Sincerely, Kira Negrete, PT, DPT, CSCS